

**Contracting Officer's  
SUBCONTRACTING PLAN CHECKLIST**

All items on this checklist should be completed with information from the proposed prime contract and the subcontracting plan. If the plan is missing any item listed in **Section II, "Required Elements of the Subcontracting Plan"**, it is incomplete and may not be accepted by the Contracting Officer. After the proposed plan is reviewed by the Contracting Officer and the Small Business Specialist, it shall be submitted to the Director of the Office of Small and Disadvantaged Business Utilization (OSDBU) for approval. An acceptable plan must be approved by the Contracting Officer prior to contract award.

Contract Number \_\_\_\_\_

Contract Value: Base \_\_\_\_\_ Options \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Base \_\_\_\_\_ Options \_\_\_\_\_

Principal Product or Service \_\_\_\_\_

Contractor \_\_\_\_\_

Address \_\_\_\_\_

**I. TYPE OF SUBCONTRACTING PLAN** (check one)

Individual Contract Plan: \_\_\_\_\_ Master Plan with Individual Goals: \_\_\_\_\_ Commercial Plan: \_\_\_\_\_

**II. REQUIRED ELEMENTS OF THE SUBCONTRACTING PLAN**

**A. PLAN ADMINISTRATOR**

1. Administrator's Name \_\_\_\_\_ Phone # \_\_\_\_\_

2. Description of his/her duties relating to the administration of this subcontracting plan.

*YES NO*

\_\_\_\_\_

*YES*      *NO*

**B. EFFORTS TO ENSURE EQUITABLE OPPORTUNITY**

Description of efforts to assure that small (SB), small disadvantaged (SDB), women-owned small (WOSB), HUBZone small, veteran-owned (VOSB), and service-disabled veteran-owned small business (SDVOSB) concerns have an equitable opportunity to compete for subcontracts.

\_\_\_\_\_

**C. CLAUSE INCLUSION AND FLOW DOWN**

1. FAR 52.219-8 will be included in all subcontracts which offer further subcontracting opportunities.

\_\_\_\_\_

2. Subcontractors, except small businesses, who receive subcontracts over the applicable threshold (\$500,000 or \$1,000,000) will adopt a similar subcontracting plan.

\_\_\_\_\_

**D. REPORTING AND COOPERATION**

1. Agreement to submit SF-294 and SF-295 reports.

\_\_\_\_\_

2. Agreement to cooperate in studies, surveys, etc. conducted by the ACO, PCO, SBA and others.

\_\_\_\_\_

**E. RECORD KEEPING**

1. Description of records maintained to show compliance with plan requirements and procedures.

\_\_\_\_\_

2. Description of procedures used to ensure timely payment of amounts due pursuant to terms of subcontracts with SB, SDB, WOSB, HUBZone, VOSB, and SDVOSB concerns.

\_\_\_\_\_

3. Source lists and vendor data on SB, SDB, WOSB, HUBZone, VOSB, and SDVOSB concerns.

\_\_\_\_\_

4. Lists of organizations contacted for sources.

\_\_\_\_\_

5. For each contract, bidder's lists on subcontract solicitations over \$100,000 (explain absence of SB, SDB, WOSB, HUBZone, VOSB, and SDVOSB concerns) and reasons the responding SB, SDB, WOSB, HUBZone, VOSB, and SDVOSB business concern failed to receive award.

\_\_\_\_\_

	<i>YES</i>	<i>NO</i>
6. Efforts made to develop SB, SDB, WOSB, HUBZone, VOSB, and SDVOSB sources.	_____	_____
7. Description of buyer training and monitoring.	_____	_____
8. For other than Commercial Plans, on each subcontract, name, address, size and business type of awardee.	_____	_____

F. DESCRIPTION OF GOOD FAITH EFFORTS TO ACHIEVE THE PLAN GOALS

1. **Total Subcontracting** (Includes large and small business concerns)

<u>BASE YEAR</u>	\$ _____	_____ %
<u>2<sup>nd</sup> OPTION YEAR</u>	\$ _____	_____ %
<u>3<sup>rd</sup> OPTION YEAR</u>	\$ _____	_____ %
<u>4<sup>th</sup> OPTION YEAR</u>	\$ _____	_____ %
<u>5<sup>th</sup> OPTION YEAR</u>	\$ _____	_____ %

2. **Small Business Subcontracting** (dollar amount and percent of item 1)

<u>BASE YEAR</u>	\$ _____	_____ %
<u>2<sup>nd</sup> OPTION YEAR</u>	\$ _____	_____ %
<u>3<sup>rd</sup> OPTION YEAR</u>	\$ _____	_____ %
<u>4<sup>th</sup> OPTION YEAR</u>	\$ _____	_____ %
<u>5<sup>th</sup> OPTION YEAR</u>	\$ _____	_____ %

3. **Small Disadvantaged Business Subcontracting** (dollar amount and percent of item 2)

<u>BASE YEAR</u>	\$ _____	_____ %
<u>2<sup>nd</sup> OPTION YEAR</u>	\$ _____	_____ %
<u>3<sup>rd</sup> OPTION YEAR</u>	\$ _____	_____ %
<u>4<sup>th</sup> OPTION YEAR</u>	\$ _____	_____ %
<u>5<sup>th</sup> OPTION YEAR</u>	\$ _____	_____ %

4. **Women-Owned Business Subcontracting** (dollar amount and percent of item 2)

<u>BASE YEAR</u>	\$ _____	_____ %
<u>2<sup>nd</sup> OPTION YEAR</u>	\$ _____	_____ %
<u>3<sup>rd</sup> OPTION YEAR</u>	\$ _____	_____ %
<u>4<sup>th</sup> OPTION YEAR</u>	\$ _____	_____ %
<u>5<sup>th</sup> OPTION YEAR</u>	\$ _____	_____ %

5. Qualified **HUBZone** Small Business Subcontracting (dollar amount and percent of item 2)

<u>BASE YEAR</u>	<u>\$ _____</u>	<u>_____ %</u>
<u>2<sup>nd</sup> OPTION YEAR</u>	<u>\$ _____</u>	<u>_____ %</u>
<u>3<sup>rd</sup> OPTION YEAR</u>	<u>\$ _____</u>	<u>_____ %</u>
<u>4<sup>th</sup> OPTION YEAR</u>	<u>\$ _____</u>	<u>_____ %</u>
<u>5<sup>th</sup> OPTION YEAR</u>	<u>\$ _____</u>	<u>_____ %</u>

6. **Veteran-owned** (including Service-Disabled Veteran-Owned) Small Business Subcontracting (dollar amount and percent of item 2)

<u>BASE YEAR</u>	<u>\$ _____</u>	<u>_____ %</u>
<u>2<sup>nd</sup> OPTION YEAR</u>	<u>\$ _____</u>	<u>_____ %</u>
<u>3<sup>rd</sup> OPTION YEAR</u>	<u>\$ _____</u>	<u>_____ %</u>
<u>4<sup>th</sup> OPTION YEAR</u>	<u>\$ _____</u>	<u>_____ %</u>
<u>5<sup>th</sup> OPTION YEAR</u>	<u>\$ _____</u>	<u>_____ %</u>

7. **Service Disabled Veteran-Owned** small businesses (dollar amount and percent)

<u>BASE YEAR</u>	<u>\$ _____</u>	<u>_____ %</u>
<u>2<sup>nd</sup> OPTION YEAR</u>	<u>\$ _____</u>	<u>_____ %</u>
<u>3<sup>rd</sup> OPTION YEAR</u>	<u>\$ _____</u>	<u>_____ %</u>
<u>4<sup>th</sup> OPTION YEAR</u>	<u>\$ _____</u>	<u>_____ %</u>
<u>5<sup>th</sup> OPTION YEAR</u>	<u>\$ _____</u>	<u>_____ %</u>

8. Description of subcontracted items and services: \_\_\_\_\_

---



---



---



---



---

**YES      NO**

9. Description of method of developing goals. \_\_\_\_\_

10. Are overhead and other indirect costs included in the plan goals? \_\_\_\_\_

11. If yes, description of method allocating these costs to the plan. \_\_\_\_\_

12. Description of method of identifying sources to solicit. \_\_\_\_\_

### III. PLAN EVALUATION

A. Sources checked to determine contractor compliance with previous subcontracting plans and verify reasonableness of proposed goals: \_\_\_\_\_

\_\_\_\_\_

1. SBA Regional Procurement Assistance staff \_\_\_\_\_

2. Defense Contract Management Command (DCMC)

Small Business Specialist: \_\_\_\_\_

Rating: \_\_\_\_\_

3. Small Business Administration

Commercial Marketing Representative: \_\_\_\_\_

Rating: \_\_\_\_\_

4. Other Agency Contracting Officers: \_\_\_\_\_

**YES**      **NO**

B. Copy of approval letter for Commercial Products Plan.

\_\_\_\_\_

C. Copy of letter approving administrative elements of Master Plan.

\_\_\_\_\_

D. Master Plan includes separate goals.

\_\_\_\_\_

E. Plan demonstrates the Contractor's good faith efforts to use small and disadvantaged businesses as subcontractors to the maximum extent practicable.

\_\_\_\_\_

**Contracting Officer** \_\_\_\_\_

**Date** \_\_\_\_\_

**Small Business Specialist** \_\_\_\_\_

**Date** \_\_\_\_\_